

## COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

### MENTAL HEALTH SERVICES ACT (MHSA) MID-YEAR ADJUSTMENT TO THE ANNUAL UPDATE FISCAL YEAR 2018-19 WORKFORCE EDUCATION AND TRAINING PLAN

The Los Angeles County Department of Mental Health (LAC-DMH) is seeking feedback on the following proposal:

This proposal is to transfer \$ 20,151,304 million dollars of MHSA CSS funding to the County's Workforce Education and Training Plan. This amount will fund eight (8) previously approved programs and four (4) new programs. It is in accordance with Welfare and Institutions Code Section 5892 that allows counties to transfer up to 20% of the average amount of Community Services and Supports (CSS) Plans annual funds allocated to the county for the previous 5 fiscal years to Capital Facilities, Technological Needs (Information Technology), Workforce Education and Training (WET) or the Prudent Reserve.

Over the last 5 Fiscal Years, the County's average annual CSS funding is \$345.1million. The \$20,151,304 million proposal is within the 20% cap of the \$345.1 million, \$69 million.



**JUNE 21, 2018**

**The following are the eight (8) previously approved WET programs:**

**1. Financial Incentive Programs **\$3,837,000****

This program will offer financial incentives to mental health psychiatrist working in direct clinical setting in the public mental health system. Consisting of two components: MH Psychiatrist Recruitment Incentive and the MH Psychiatrist Student Loan Repayment Incentive.

The MH Psychiatrist Recruitment Incentive will offer individuals, not yet employed in the public mental health system, with an incentive of up to \$25,000 to commit one year of employment in the system.

The MH Psychiatrist Student Loan Repayment Incentive will offer Mental Health Psychiatrist already employed in the public mental health system with an incentive of up to \$50,000 per year, to assist in paying outstanding student loan balances in exchange for a commitment to remain in the public mental health system for one year.

**2. Stipend Program for MSWs, MFTs, AND NPs **\$3,063,600****

LACDMH provides 2nd year students with education stipends in the amount of \$18,500 in exchange for a contractual obligation to secure employment in a hard-to-fill area of the county for a minimum of 1 year. This program targets students who are linguistically and/or culturally able to service the traditionally unserved and underserved populations of the County. The current allocation allows a disbursement of up to 144 total stipends.

**3. DMH/Harbor-UCLA Post-Doctoral Fellowship **\$250,000****

This funding permits DMH to fund 6 Post-Doctoral fellows at Harbor/UCLA Post-Doctoral Fellowship. This program offers APA-accredited postdoctoral training in the traditional practice of Clinical Psychology and is one the first three APA-accredited postdoctoral fellowships in the United States. The program is grounded in the Scientist-Practitioner model of training and is designed to prepare psychologists for advanced practice in public sector settings. Postdoctoral Fellows are expected to refine existing clinical skills and develop advanced competencies in assessment, therapeutic interventions, consultation, program development or evaluation, and research. Fellows work in a variety of treatment settings and with diverse patient populations, and are expected to learn to function effectively in inter- and multi-disciplinary settings.

**4. Interpreter Training Program \$80,000**

Offers trainings for bilingual staff that currently performs or interested in performing interpreter services and monolingual English speaking mental health providers. The use of linguistically and culturally competent interpreters is important to bridging the language and cultural gap in the delivery of services in public mental health. Interpreter Training consists of the following: Introduction to Interpreter Training; Advanced Interpreter Training (Fine Art of Interpreting); English Speaking Providers-Bridging the Language Gaps; and Increasing Spanish/Mandarin Mental Health Clinical Terminology. Additional trainings in mental health terminology in other languages are projected to be developed in year 2 and 3 of the proposed budget cycle.

**5. Intensive Mental Health Recovery Specialist Core Training \$369,600**

Intensive Mental Health Recovery Specialist Training Program prepares consumers and family members with a Bachelor's degree, advanced degree, equivalent certification, to work in the field of mental health as psycho-social rehabilitation specialists. This program is delivered in partnership with mental health contractors and the local community colleges. Successful completion of this program ensures that participants are qualified to apply for career opportunities in the public mental health system. This program targets individuals with a minimum of 24 college credits and priority is given to those with bilingual capacity or bicultural background. This program targets approximately 66 individuals annually.

**6. Health Navigators (Adult and Family) \$200,000**

This program trains individuals and supervisors on knowledge and skills needed to assist consumers navigate and likewise advocate for themselves in both the public health and mental health systems. Many mental health consumers experience challenges addressing physical health problems, such as diabetes, heart disease, obesity cancer, cholesterol, and repository illness. Individuals completing this training may become Certified Health Navigators and can provide navigation assistance to consumers in need by working with them in both the public mental and physical health care system. Results have demonstrated that consumers addressing mental and physical issues experience significant improvement in their lives.

**7. Administrative Overhead \$2,628,431**

This amount represents 15% of all MHSA WET funded projects, which is used to cover administrative overhead expenses.

**8. Continuum of Care Reform / Staff and Resource Parent Training \$500,000**

This program is intended to support the implementation and maintenance of Continuum of Care Reform (CCR), specifically, the training and support of the county's workforce

charged with providing care and supervision to children and youth involved with the Child Welfare, Probation and/or Mental Health systems. The following outlines the various trainings that will enable county and providers effectively engage with children, youth, and families who have been exposed to trauma and are subsequently involved with DMH, DCFS and/or Probation.

**A. Planning for Permanency for Children and Youth in the Child Welfare and/or Probation System[s]**

This project will be used to secure a consultant to develop curriculum and facilitate trainings related to Permanency. The goal of CCR is that children and youth grow-up with permanent, committed, and supportive families. It is important for clinicians, CSWs, DPOs and Resource Parents to understand successful steps toward permanency. This consultant draws from her experience as a Resource Parent to Child Welfare youth to demonstrate practical examples of how to build permanency.

Objectives:

- Define the concept of permanency in the Child Welfare system
- Learn skills of engagement and build tools that reinforce permanency
- Develop skills to increase Child Welfare children and youth's permanency in placement.

**B. Trauma-Informed Assessment and Interventions**

This will be used to secure a consultant who will develop curriculum and facilitate trainings to teach clinicians, CSWs, DPOs on trauma-informed assessment and strategies for working with children and youth that support trauma recovery. This training will focus on practical applications of trauma-informed care in STRTPs, FFAs, Probation settings and the community.

Objectives:

- Increase knowledge around the profound impact of trauma and the potential paths to recovery
- Learn trauma-informed assessment practices and interventions
- Gain an understanding of the impact of trauma on brain development and the subsequent impact on behaviors that effect social engagement
- Develop an awareness of the difference between physical and emotional safety

**C. Trauma Informed Care - Preventing Burnout and Promoting Self Care**

This will be used to secure a consultant who will facilitate trainings related to managing compassion fatigue and secondary trauma in clinicians, Resource Parents, and child welfare and probation staff. Often, staff and caregivers are tasked with managing very serious behaviors of high-risk youth who may have several areas of functional impairments as a result of past trauma. As such, Staff and Resource Parents invest considerable time and emotional

energy supporting the trauma needs of their foster youth that, without appropriate support, increases the likelihood of vicarious trauma and burnout, and ultimately failed Resource Family placements. The consultant would identify the newest research findings related to promoting psychological resilience, incorporating core values around the importance of self-care, and apply simple and realistic tools for every day practice.

Objectives:

- Incorporate core values that promote self-care and psychological resilience to prevent burnout and compassion fatigue
- Identify the signs of burnout, compassion fatigue, and vicarious trauma
- Identify the newest research findings in reducing compassion fatigue and vicarious trauma
- Apply simple and realistic tools for daily practice

#### **D. Fundamentals of Peer Support for Youth Engaged in the DCFS and/or Probation System(s)**

The premise of the Continuum of Care Reform (CCR) is to ensure that children and youth have the opportunity to grow-up with permanent, committed, and loving families. To support this initiative, group homes are being redefined as STRTP. This is considered a short-term placement for youth with high risk needs. This new group home model requires that family-finding and permanency search begins upon the youth's entry into the STRTP. This training is designed to prepare providers to understand the philosophy and practice of Peer Support interventions in STRTP, Foster Family Agencies, and Child Welfare departments to advance CCR core values and outcomes.

Objectives:

- Demonstrate an understanding of how youth who have graduated out of the child welfare/probation are uniquely qualified to implement Family Search and Engagement services.
- Identify how Peer Support interventions compliment clinical work and CFT planning.
- Identify Peer Support strategies and tools (e.g. family support, search and engagement, strength chats, connections map, etc.)
- Increase confidence in putting the CCR values of being family driven, youth guided, and permanency focused into practice.

#### **E. Navigating the Probation, Child Welfare and/or Mental Health Systems: A Youth's Perspective**

This training focuses on ensuring providers understand the youth's perspective across various levels of care within the child welfare and/or probation systems. A key component of the CCR is that services delivered to foster youth and families are family-centered, trauma-informed, culturally

relevant, and linguistically appropriate. It is important for STRTP providers, FFAs and Resource Families and outpatient providers of specialty mental health services to understand the importance of voice and choice in planning services and supports for youth involved in the child welfare and probation systems. This training will review child welfare and probation systems history, current placement reforms under the CCR, and the importance of engaging youth and family in developing appropriate services and supports. This will highlight youth needs from their perspective and how to better engage and support them in order to achieve permanency and increase successful outcomes.

Objectives:

- Demonstrate an understanding of the impact of being in the Child Welfare and/or Probation Systems and how it may explain certain behaviors.
- Identify supported strategies for de-escalation, conflict resolution, and managing crisis.
- Apply skills related to helping youth foster resilience and hope while in the Child Welfare System.
- Increase confidence in putting the CCR values of being family driven, youth guided, and permanency focused services into practice.

**F. Working with Mental Health Strategies for Children and Youth with Co-Occurring Mental Health and Developmental Disabilities in the Child Welfare and/or Probation System[s]**

This training focuses on addressing the complicating factors of working with children and youth with mental health and co-occurring developmental disabilities. Child Welfare and Probation staff serve children and youth with co-occurring mental and developmental disabilities. It is important for STRTP, FFA, DMH, DCFS, and Probation staff to be trained on this subject matter in order to enhance services provided to this population. The unique considerations for children and youth with co-occurring developmental, emotional, and cognitive disabilities will be reviewed. This training will identify the diagnostic criteria for dual diagnosed children and youth. Participants will learn how mental health disorders may present differently for children and adolescents with intellectual disabilities and guidelines for differential diagnosis will be provided. Use of effective therapy models, interventions, and ways to effectively engage in treatment will be highlighted.

Objectives:

- Demonstrate an understanding of assessing and diagnosing children and youth with co-occurring mental health and developmental disabilities.
- Perform developmentally appropriate mental health services in a culturally sensitive manner.

- Identify mental health needs during intake and screening procedures to increase access to services.
- Recommend appropriate referrals for children and youth with co-occurring disabilities.
- Collaborate with service systems such as Regional Center and special education programs to ensure that mental health interventions coordinate with those systems.
- Promote a culture of support for clinicians and administrators, and implement strategies to improve access to mental health services.

**TOTAL PREVIOUSLY APPROVED PROGRAMS: \$10,928,631**

**The following are the four (4) newly proposed WET programs:**

**1. UCLA Affiliation Agreement \$8,383,000**

The mission of the UCLA-DMH Public Mental Health Partnership (PMHP) is to implement exemplary training and technical assistance activities focused on vulnerable populations with serious mental illness in ways that build excellence in public mental health care across Los Angeles County (LAC); and to do so in the context of a transparent, trusting partnership with the Los Angeles County Department of Mental Health (DMH) that generates benefits for both the university and public health communities.

The PMHP is comprised of two sections focused on serious mental illness -- the Initiative for Community Psychiatry and the FSP Training and Implementation Program:

**Initiative for Community Psychiatry**

The UCLA-DMH Initiative for Community Psychiatry is in response to Recommendation 7 of the Standard of Care for the Mentally Ill (hereafter "Standard of Care") adopted by the County of Los Angeles Board of Supervisors on March 2, 2018. The Standard of Care outlines the need to develop new Full-Service Partnership (FSP) models to address the needs of the chronically homeless. In line with this recommendation, the ICP will oversee Engaged-Full Service Partnership (E-FSP) teams that "will provide comprehensive intensive community field-based mental health services designed to meet the unique needs of individuals that have a Severe Mental Illness (SMI) who are homeless." E-FSP teams will focus on the most vulnerable chronically homeless individuals who need specialized mental health support to access permanent housing. Many of these vulnerable individuals "refuse any kind of treatment and/or care" although "it is apparent that they are in desperate need of treatment and unable to make a conscious decision to seek or accept proper treatment and provide for basic personal needs (such as food, clothing, and shelter)." Most individuals served by E-FSPs will need inpatient psychiatric hospitalization, conservatorship

under the authority of the Office of the Public Guardian, and/or Adult Residential Facility (i.e. Board and Care) placement to achieve housing stability.

Providing excellent care to this group of chronically homeless individuals will require innovation, implementation support, and assessment aimed at training clinicians to meet a high standard of care and refining and optimizing that standard of care while it is delivered. As documented in the ongoing evaluation of Assisted Outpatient Treatment on which this proposal builds, clinicians in the contract and directly-operated agencies need support and guidance in working with a very ill population. Many AOT clinicians expressed confusion about the AOT model (e.g., required a frequency of contacts, staffing ratios), were unclear about policies related to mental health court proceedings, and felt unprepared for the level of acuity of AOT clients. Several reported little experience working with individuals with SMI, and those with experience were nonetheless overwhelmed by clients' severity. Clinicians reported challenges helping clients who needed a higher level of care than was readily available (e.g., Institutions for Mental Disease, psychiatric hospitalization, Board & Care placement).

The ICP will establish and refine the model of mental health care for the chronically homeless and then coordinate and optimize the work of all teams working with this model to care for homeless individuals (i.e., at least 1000 but up to 5000 FSP slots). The ICP team will train and support these new clinical teams in order to actualize a higher standard of mental health care throughout LAC for the most vulnerable mentally ill clients. In the process, the ICP will bring clinicians across agencies together to support E-FSP work, and to share information and strategies. Simultaneously, the ICP will provide comprehensive support to agencies taking on this challenging clinical work. The work of the ICP will draw on evidence-based models including Assertive Community Treatment (ACT) and Housing First but will develop and refine a trailblazing innovation for the chronically homeless population. And, core to its mission, the ICP will be a true partner to the Los Angeles County Department of Mental Health (DMH) by supporting its service provision priorities, upholding principles of transparency and accountability, and committing to capacity-building and inclusive problem-solving.

This training and technical assistance program was developed by a leadership team of clinicians and academic health services researchers with extensive experience running and growing ACT teams. ICP leadership thoroughly understands what a high-functioning ACT team looks like and how it fits into a high-quality continuum of care. ICP leadership has demonstrated that they utilize the highest ethical standards in caring for vulnerable clients injured by neglect and suffering from difficult-to-treat illnesses. ICP leadership seek to staff E-FSP teams with some of the most experienced and ambitious public mental health clinicians in Southern California. And, since many of the services required to treat this population are under strain or disconnected, ICP leadership will respond with



coordinated action to help move mental health care across Los Angeles County (LAC) toward responsiveness to its most psychiatrically ill.

An academic presence for such an initiative brings advantages including opportunities for systematic assessment, innovation, and workforce development. The ICP will use tracking approaches to improve consistency, quality, and value across E-FSP teams. It will direct training programs that will routinize the use of evidence-based approaches and ethical clinical processes. Finally, the ICP will inspire young professionals that community mental health in LAC is a fulfilling career path.

The ICP will coordinate and optimize the work of all E-FSP teams through four activities: matching the E-FSP service to the need in LAC; delivering training and ongoing learning to all E-FSP clinicians; conducting continuous quality assurance across all E-FSP teams; and innovating for performance improvement.

### **FSP Training and Implementation Program**

A plethora of research evidences the effectiveness of ACT reducing hospitalization and other acute care services, increasing community tenure, and improving prospects for recovery. The LACDMH FSP program has not managed to achieve the same record for effectiveness and in the years since its inception the program has struggled to fully realize its goals. While DMH has provided guidelines for FSP operations including a comprehensive FSP Tool Kit, many of the FSP teams in operation today have not implement the recommendations and suggestions provided in toolkit.

An earlier review and assessment of FSP teams reported that teams generally retained the structural features that are a hybrid between ACT and Intensive Case Management (ICM) but the operation and practices of teams across LA County (and the State) varied widely. The variations in FSP were the result of multiple factors including differences in mission and practice of host agencies and differences in knowledge and practice skills among staff. These differences result in FSP teams with uneven practices, not reaching their full operating potential, and ultimately achieving substandard outcomes for their consumers

In a recent survey of a subsample of FSP programs, there was little consistency of philosophy or uniform implementation in practice across teams, and few teams were using evidence-based practices. It seems that since their inception, many teams have drifted away from the original mission of FSP and their effectiveness has been compromised.

There are many reasons for the FSP teams' current shortfalls, including larger systems changes. There is a greater need for systems coordination because of the changes in the complexity the FSP population: economic factors that have significantly increased homelessness and increased rates of incarceration for the

FSP population. New and effective evidence-based practices have been introduced but these have not been uniformly implemented across FSP teams. The purpose of this training program is to improve on past efforts and provide the training and resources that will improve the practice and operation of FSP programs so that they can achieve the goals of recovery and community integration for which they were founded.

The FSP Training and Implementation Program defines a comprehensive program designed to improve FSP teams' operations and clinical practice to achieve uniformly positive, system-wide outcomes for these consumers and their families. While the Initiative for Community Psychiatry (ICP) will focus on developing new, specialized teams to serve chronically homeless individuals, the Training, Implementation, and Systems Change for LACDMH FSP Program (FTI) will develop a cutting-edge supportive program that will support all extant FSP teams to improve the quality and consistency of their services across LAC. The FTI shall accomplish the following objectives:

- Train and support for current FSP clinicians, through online and in-person trainings and direct support delivered by a dedicated implementation specialist (i.e., Training Faculty);
- Establish a shared vision and fidelity instrument that unites all FSP clinicians under a common theoretical and practical understanding of the FSP intervention;
- Open a LACDMH peer specialist training institute that will build capacity for recovery-oriented, peer-directed clinical care within the FSP program in LAC and elsewhere.

**2. Charles R. Drew Affiliation Agreement **\$350,000****

This program exposes high school students to fun and engaging science material in an effort to motivate them to move into health care fields after graduating high school. The program deepens and sustains student interest in science, health education and establishes a pathway through college and into health professions. Students are introduced to various concepts in human anatomy and physiology, math, biomedical engineering, physical science, plant life and marine biology, each in an 8-week academically rich learning intense program phase. Each phase is designed to introduce students to broad and in-depth subject area content thereby increasing their knowledge. Within this programmatic framework, complimentary program activities are employed to maximize student-learning outcomes and engage parents/caregivers.

During the summer, a 4-week mathematics program is provided to encourage reinforcement and retention of academic knowledge and skills gained throughout the academic year. SSA II also includes a College Readiness component, SAT preparation, Critical Thinking course, Parent workshops and field trips to supplement classroom learning with real world experiences. SSA II places a heavy emphasis on work ethics that are applicable to school and are important for joining the work force, their future educational goals, the health care industry and working with the community.

**3. Learning New System 2.0 \$259,673**

This project creates an online training and conference registration (EventsHub) system designed and developed by the County's Internal Services Department (ISD). The EventsHub system will feature a Departmental calendar of training/conference events in addition to managing all logistical features of coordination both for the registrant and training coordinator: registration, notification of registration, payment options, automated sign-in list, tracking of training/conference attendance, training evaluations, and attendance and continuing education credit certificates. EventsHub will be available for use by DMH, DMH Contractor Staff, County Departments and the community at large.

**4. Parent Partner Training and Parent Volunteers Project \$230,000**

As the Department of Mental Health works towards a public mental health system inclusive of a larger active role for Parent Advocates/Parent Partners (PA/PP), it is imperative that skills, competencies and expectations remain consistent throughout the system. While some similarities exist amongst all PA/PP, no standardized curriculum has been implemented to ensure that all individuals acting in the PA/PP capacity are trained and prepared for such duties. It has been determined that the skill/preparedness level of individuals performing as PA/PP vary dramatically, with some receiving little to no training at all. Other PA/PP, through training or work experience are highly skilled and capable of delivering advocacy services at a high level, but experiences vary, and one experience can be interpreted in multiple ways, by multiple individuals. The Parent Partner Training Academy's Essential Skills training provides untrained parent partners with a better understanding and ability to meet core competencies necessary for active PA/PP roles, and will include components to increase the skills of those already meeting or exceeding established minimum core competencies. Updates to the general content of the PPTA Essential Skills Training event and PPTA Certification Examination are needed to keep the training of the PPs/PAs relevant and up-to-date. In addition to providing updates to the PPTA Essential Skills Training and Certification Exam, continuing education on topics like working with specific cultural populations, ages, or other special populations are highly recommended to keep the skills of the PPs/PAs current and up-to-date.

The Parent Volunteer project is a stipend incentive for select individuals that are volunteering in the public mental health system.

**TOTAL NEWLY PROPOSED PROGRAMS: \$9,222,673**

**TOTAL FISCAL YEAR 2018 – 2019 MHSA WET FUNDING NEEDS: \$20,151,304**